The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Dack of this certificate
Permit No. Office of Registrar of Ville Statistics. Ward The Physician who attended any person in a last illness, is repossible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the burial, which twenty-file Hours after the death of said deceased, or socner, requested so to do, under penalty of law. No Permit for Burial can be detained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Live 26. 1887 Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Mate or Female, { required in this line. }
Age, Years, Months, 10 Days
Color, white
Married, Single, Widow or Widower, {Cross out the words not }
Birth Place, State or country, and how long in the United States,
Duration of Residence in the City of Battimore,
Place of Death, {Give Street and } 229 18 nox alley
Cause of Death, { First (Primary), Cholera Infaulting Second (Immediate),
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Lruid Will Park
Date of Burial, Jun 27 Bahdo Caward Hoord out. I
(Undertaker, Undertaker, Medical Attendant.

Place of Business, 730 Penna Ove Address, 11

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.
Bealth Departments Baltimore.
Permit No. A 672 Office of Registrian of West Statistics. Ward 9 9
The Physician who attended any person in a last illness as responsible to the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burnel of the twenty-four how the the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, June 261-1887.
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 57 Years, Months, Days
Color, Cohita
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Boarding house Keepee.
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Lea Years
Place of Death, {Give Street and }
First (Primary), Laterine & Gostrie Contes
Cause of Death, Second (Immediate),
Deration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Baltimore Cemeley
Date of Rawial Gent 28th 1884
(Undertaker, Henry H. Medical Attendant

Place of Business # 4/9 6. Hayelle St Address,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of	Physicians is Respectfully Invited to t	he Remarks below, and to l	List of Diseases on back of this Certificate
Permit No.	alth Departmen 73 office of Regist	1 10 10 m	Baltimore.
The Physician who to the Undertaker or othe requested so to do, under	attended any person in a last illness, is er person superintending the burial, w	responsible for the present thin <i>twenty-four hours</i> after	tation of this Certificate, accurately filled out r the death of said deceased, or sooner, i
C	ERTIFICAT	E OF D	EATH.
Date of Death,	Ju	ne 25 h/	87
	ceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	M.	ay Hushington
Sex, Male or Fem	eale, { Cross out the word not }	d'ema	lu
Age,	Years,	5 Month	s, Days.
Color,		Dark	brown
Married, Single, V	Vidow or Widower, {Cross out the required in the	words not }	Inglo V
Occupation,		Mo	ne
Birth Place, State or long in if of for	recountry, and how the United States, reign birth.	Balter	more Cety
Duration of Resid	lence in the City of Baltim	ore, 5	mouth
	ive Street and There My 4 M	ld No) (683 New Na
Cause of Death, $\left\{ ight.$	First (Primary),————————————————————————————————————	Convuls	ross
	Sickness,n should be furnished by the Physician.	One	Week
Place of Burial,	At Jeters deen	eler	
Date of Burial,	lame 26 1887	Bair	1. 12.1
{ Undertaker,	1-1 10 1001	Address, Cor e	Medical Attendant. Mulbery + Green to
Extract from Regulation		ure a full and correct Baltimore.	record of the Vital Statistics in the
the Physician who attend twenty-four hours after th	it further enacted and ordained, That we led during his or her last sickness, or e death, to the Undertaker or other pe	whenever any person shall of the Coroner, when the case ersons superintending the l	die in the said city, it shall be the duty of e comes under his notice, to furnish within Burial, a certificate setting forth as far as ngle) of the person deceased, and the cause [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth Department, With of Baltimore.
Permit No. 174 Office of Registrar of Vitul Statistics. Ward Comment of the Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the barial, within twenty-four hours after the death of said deceased, or sooner, if
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, time 26/87
Date of Death, time 26/87 Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Write legibly and spell Leorge John Kitter
Sex, Male or Female, { cross out the word not }
Age, Years, 3 Months, 2 Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 9 V Chapel St.
Place of Death, {Give Street and } That Chapte & St. Cause of Death, {First (Primary), Cholera Infanteum Second (Immediate),
Duration of Last Sickness, Dureck All the above information should be furnished by the Physician.
Place of Burial, Holly redesner den
Date of Burial, June 27th 1887) Alleubers M. D.
(Undertaker, W. Blother My In) Medical Attendant.

Place of Business, /709 & Lombard & Address,

Medical Attendant.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Keinarks below, and

Days. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

(Undertaker

AND THE PROPERTY OF THE PROPER
Bogfel of Bealth, City of Baltimore,
Permit No. Of Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, June 36 1888
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, Cross out the word not required in this line.
Age, Of Years, Months, Day
Color, Office
Married, Single, Widow or Widower, Cross out the word not }
Occupation The state of a second seco
Birthplace, State or country, and how long in the United States.
Duration of Residence in the City of Baltimore,
Place of Death. Give street and Sumber.
Cause of Death, Second (Immediate). Shaushin
Duration of Last Sickness,
Place of Burial, Sederick Meany lad
Date of Burial Yune 29

Place of Business, 15 West of Address, Address, Address of Vital Statistics in the City of Baltimore.

Medical Attendant.

B. Harle

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth Department, City of Baltimore.
Permit No. 677 Office of Registron of Ward Statistics. Ward 19
The Physician who attended any person in a last illness as responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-jour hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Sune 25-21887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } required in this line. }
Age, 5-7 Years, & Months, Days.
Color, Whele
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation, Legous merchant,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, OO 13 200,
Place of Death, {Give Street and } //7 / Stricker SV.
Cause of Death, First (Primary), Second (Immediate), Phlomonary Yuber culous
Duration of Last Sickness, 10 mouths
Place of Burial, Sanden Christ
Date of Burial, June 27 10) R. J. W. Tallem. D.
Medical Attendant.
Place of Business, 115 West at Address, \$ 524 Sharpe

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as e same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certification
Permit No. Office of Registrar of Vital Statistics. Ward The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the burial, within menty four hours after the death of said deceased, or sooner, requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
Date of Death, June 26th 1887 Write legibly and spell James Collins
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sex, Male or Female, {Cross out the word not }
Age, 30 Years, Months, Days Color, While
Married, Single, Widow or Widower, {Cross out the words not } Cross out the words not } Occupation, Gircuman abourd Eng. Steams Surrey' Birth Place, {State or country, and how long in the United States, if of foreign birth. By Class Fordon
Duration of Residence in the City of Baltimore, 24 hours Place of Death, {Give Street and } Accidentally drowned at Pir 28 Focush Point
Cause of Death, { First (Primary), Drowned while under the influence of drink Second (Immediate), Dophyxia
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Nestern Public Coursely Date of Burial, Jane 27/87 J. Flannery (Undertaker, Les. E. Brown J. J. Hannery M. D.
Place of Business, Leach Off Address, 170/Dr. Hill ave

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Diciased was about to go balking when this pair himself [over.]

Bealth Department, City of Baltimore.
Permit No. 079 Office of Registrated With Statistics. Ward 12
The Physician who attended any person in a last places, is restore for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the build, within the styriour hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, June 26 - 1884
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. (Cross out the word not)
Sex, Male or Female, {Cross out the word not } required in this line. }
Age, 79 Years, 9 Months, Days
Color,
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Black Smith
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 30 Hears
Place of Death, {Give Street and} 547 Mosher & E, Solian Oyman
Cause of Death, First (Primary), Copicussion and hamon hage of
) Second (Immediate),
Duration of Last Sickness, oue hour
Place of Burial, Buttimere Bemeter,
Date of Burial, June 28 1887 6. Fau cett M. D. (Undertaker, Win Weaver) Medical Attendant.
(Undertaker, Mon of Weaver Medical Attendant.
Place of Primary No 738 N En Faut 1 550 Que 11 1

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physici	ans is Respectfully Invited to the R	emarks below, and to	List of Diseases on back of	this certificate.
Permit No. A Sealtl	n Department, office of Register	City of	Baltimore	. 414
requested so to do, under penalt No PE	RMIT FOR BURIAL CAN BE OBTAIN	HD WITHOUT A PROI	PER CERTIFICATE.	sed, or sooner, if
CE	RTIFICATE	OF D	EATH.	
Date of Death,	fru	ur 2/		
Full Name of Deceased	Write legibly and spell correctly. If an infant not named, give names of parents.	Burh	a Bist	
Sex, Male or Female, {	required in this line.			
Age,	Years,	6 Month	hs, p	Z Days.
Color,			Muh	
Married, Single, Widow	v or Widower, {Cross out the wo	rds not }		/
Occupation,				/
Birth Place, State or country long in the Unif of foreign bi	y, and how tted States,	City		
Duration of Residence	in the City of Baltimore	e,		CD
Place of Death, {Give Street Number	et and } . W. or	Xloya	Inubord	Sh
Cause of Death, $\left\{egin{array}{l} ext{First} \\ ext{Secon} \end{array} ight.$	(Primary),	Mrun	ophi	
Duration of Last Sick	d be furnished by the Physician.	say	2	
	Old or Cemele	× _		
Date of Burial,	one 28th	20	Illen	
(Undertaker, Le	o Schilling	· · · · · · · · · · · · · · · · · · ·	Medical Attend	M. D.

Place of Business, Ashland Synan Address,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]